

**LONG-TERM CARE REFORM**

**Request for Information/Proposals**

**Response submitted by**

**Center for Caregiver Excellence**

**December 2005**

## **Attachment B**

## STATEMENT OF INTEREST – Statewide Long-Term Care Reform

### CENTER FOR CAREGIVER EXCELLENCE

#### Organization Names

The partners include:

- Access Care Services
- ANEW Health Care Services
- SEIU Local 150
- Triada Employment Services
- UWM Center on Aging and Community
- Waukesha County Technical College (WCTC)
- Wisconsin Regional Training Partnership (WRTP).

WRTP currently serves as the fiscal agent for the partners.

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#### Brief Description

The partnership is composed of public and private stakeholders in the State's Long-Term Care reform initiative. It plans to establish a Center for Caregiver Excellence based on the Center of Excellence for Skilled Trades & Industries model developed by WRTP for the construction and manufacturing industries in Milwaukee. The idea originated because of an enormous boom in construction and a resurgence in manufacturing that highlighted a current and future shortage of qualified workers in both industry sectors. The effort has been extremely successful in filling employers' needs.

As an October 2005 report from the Wisconsin Council on LTC Reform titled, Principles to Guide Long-Term Care Reform in Wisconsin states, "Reform of the LTC system must address strengthening of the LTC workforce. Specifically, mechanisms must be in place to address job satisfaction, wages and benefits, working conditions, and retention efforts, all of which have a direct impact on quality and continuity of care." The Center for Excellence model will specifically address those needs.

WRTP, who currently serves as the fiscal agent, is a 501 (c) 3 corporation, and a nationally recognized model for the development creative, sector based, employer-driven/worker-centered employment, training and advancement programs and opportunities. Over 90% of their participants have been people of color. Only one in three participants has a high school diploma. One out of three has language barriers. Half of their participants have received some form of public assistance. The employment retention rate is nearly 75%.

## **Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin**

Access Care Services (ACS) will facilitate a one-year planning process. ACS will convene a planning team composed of all the current and future partners in the design of the Center. The five outcomes include (1) the customization of web-based database technology to support (2) a central registry of caregivers, (3) a referral service for consumers, (4) a menu of education and training programs, and (5) a mechanism for more affordable benefits. But, of equal importance is the partnership's goal to connect the caregiver to consumers and, whatever system is finally developed, that services remain within public control; that waiting lists are ended; and that Community-Based services are an entitlement. The partnership will advocate for policies that ensure both workers and consumers benefit from the proposed reform initiative.

## **Geographic Area of Interest**

The Center of Caregiver Excellence will initially focus on Dane and Milwaukee Counties. These two urban areas, taken together, account for a large share of the eligible population. They account for 1,381,600 of all state residents, or over 25% of the total. The estimated number of covered residents who live in these counties is 39,250, or 28.4% of the state total.

The model developed for this Center will test a model that is intended to be replicable in other counties throughout the state.

## **Proposed Scope and Nature of the Program**

Demographic trends, worker shortages, and funding cuts put enormous pressure on the health care and long-term care systems in our state. DHFS seeks to achieve better, faster reforms of health care and long-term support for frail elders, adults with developmental disabilities and adults with physical disabilities who need access to an array of flexible, quality services that respond to their individual needs and preferences.

The partners believe that the achievement of this goal depends upon the construction of a workforce development infrastructure that supports the recruitment, retention, and development of a sufficient number of qualified caregivers. The stakeholder/partners plan to support policies that encourage changes in the system and workplace that will attract a more diverse health care workforce and expand the pool of potential candidates, i.e. training offered to the non-English speaking population. Minorities represent the fastest growing segment of Wisconsin's population. This suggests that recruitment strategies to attract people to health care careers will need to have a strong multi-cultural focus and emphasizes the need for strong cultural competency within the health care industry.

All available data from state agencies, industry sources, and nursing home surveys indicates that there is an acute shortage in direct care workers. Some important factors identified by the Direct Care Alliance that contribute to the problem are:

Inadequate Wages and Benefits: Many direct caregivers must work multiple jobs to support their families and the work is often part time and offers no benefits

Unreasonable Workloads: Fiscal cutbacks and the rapid discharge of older and sicker patients means that home care and nursing home workers have to meet more intense client needs with fewer resources.

A Poorly Trained Paraprofessional Workforce: Training standards exist for CNAs but higher standards are now needed to better prepare paid caregivers for all the services they must deliver to clients.

Poor Supervision and Job Quality; Most supervisors of frontline workers have not been trained in supervisory skills or cultural competency. They do not have the skills to mentor and develop those who report to them.

Work-Related Injury: Long-Term care is always one of the two or three highest ranking industries in the number of people hurt on the job each year.

It is currently a common practice for healthcare employers to fill their openings for more advanced positions by recruiting candidates from other healthcare providers. This practice does nothing to increase the pool of candidates, nothing to increase the diversity of the pool and nothing to improve retention of the existing workforce. This is not a real solution to the problem. With key representatives from both labor and management, the partnership is firmly committed to including the voice of consumers and workers at all levels in state and local decision making that has an impact on the health care industry. Policies that continue to support low wages, part time work, few if any benefits and inadequate training system need to be reviewed and changed to discourage the continued public subsidy of the health care industry.

The major practice improvement objectives of the program are to attract people to careers in Long-Term care, to reduce costly turnover, to establish standards and competencies for health care occupations that reflect their increasing levels of responsibility, to improve working conditions for direct care workers, and ensure quality care for consumers.

This will be accomplished by 1) establishing WRTP as a financial intermediary to generate funding from public, private, and philanthropic sectors to support the training of the new entrants into the field; 2) using web-based technology to develop a central registry of qualified and screened caregivers; 3) a web-based referral service for consumers; 4) a web-based menu of available education and training programs; 5) a mechanism for affordable benefits. This technology, when in place, will inform state and local officials and be particularly useful to Aging and Disability Resource Centers (ARDC)

### **Other Comments or Information**

This Statement of Interest provides information on why this initiative is important. The Planning Grant that accompanies it will provide the specifics of the program and its implementation.

The recruitment, retention, and development of a qualified workforce are universally recognized as a major barrier to the flexibility, continuity, and quality of care for eligible residents. The proposed planning project promises several advantages to DHFS. First, Dane and Milwaukee Counties account for an enormous share of the eligible population. Second, the pilot projects on workforce development in these counties offer experience with both independently employed and agency employed caregivers. Last but not least, the proposed planning process brings these initiatives together with new technology and infrastructure to develop a model that has statewide relevance.